

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>20.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>1c640e57-3600-43ae-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>287939.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>10.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>a9286181-79fd-44d2-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>287939.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>30.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 09 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 107 Phillip Ave		Amount 80.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : abd28d89-3104-4b3a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 111309.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 107 Phillip Ave		Amount 81.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : c16b7fdf-ac20-49c0-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 111309.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	161.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014
Mailing Address 168 Graduate Lane Apt 324		Amount 70.00
City Boone	State NC	Zip Code 28607
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 111290bc-04d8-4a79-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014
Mailing Address 168 Graduate Lane Apt 324		Amount 42.60
City Boone	State NC	Zip Code 28607
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : a8a1d394-37ad-4acb-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>	
Mailing Address 250 JS Brewton rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City goldonna	State LA	Zip Code 71031	<b>Transaction ID : 62f44f8b-aae8-437e-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">111309.30</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>	
Mailing Address 250 JS Brewton rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.40</div>	
City goldonna	State LA	Zip Code 71031	<b>Transaction ID : 45f920de-f8cb-4af6-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">111309.30</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">42.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 6108 Harkins Ave		Amount 20.00
City Little Rock	State AR	Zip Code 72210
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d539aa09-8bbf-43c0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 6108 Harkins Ave		Amount 14.40
City Little Rock	State AR	Zip Code 72210
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 32923ed8-528d-45a1-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 6 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination		
Mailing Address 202 East Park Ave Apt 40			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Searcy	State AR	Zip Code 72143	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : c3bb0743-d031-4d5e-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination		
Mailing Address 1436 Haigs Creek Dr			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Elgin	State SC	Zip Code 29045	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : 63d2bcf2-79bc-43ee-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">145.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

09

09

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 7 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination	
Mailing Address 1436 Haigs Creek Dr		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Elgin	State SC	Zip Code 29045	Amount 79.47
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : ed8e6fe2-eee7-48b3-8</b> Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination	
Mailing Address 18065 Wayne Rd		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Odessa	State FL	Zip Code 33556	Amount 100.00
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : 7e83a69d-e8a6-44cd-9</b> Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	179.47
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

09

09

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>
Mailing Address <b>2329 Runnymede Dr</b>		Amount <b>50.00</b>
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>61a2df30-53bb-4063-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>
Mailing Address <b>110 W Pecan St</b>		Amount <b>50.00</b>
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>5c931ceb-6db5-4895-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**09 / 09 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 9 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>36.90</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>f4a24932-df85-4811-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>6101 NORA ST</b>		Amount <b>65.00</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>6b2b31c4-77b1-4c16-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>101.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 09 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 10 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.80</div>		
City METAIRIE	State LA	Zip Code 70003	<b>Transaction ID : 7df0c3b1-0d43-41b3-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">111309.30</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Mailing Address 2002 E Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : f1b3b5bb-04e5-4ff0-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">81164.65</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">46.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 41.01	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 65cdc92d-d01a-4b1f-9</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 9462abf5-7f7b-44d2-b</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	61.01
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 12 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.92	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : e7e6b120-9477-4385-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		111309.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 300 Evangeline St		Amount 45.00	
City Monroe	State LA	Zip Code 71201	<b>Transaction ID : 9d6a0967-9821-45cd-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		111309.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	46.92
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>300 Evangeline St</b>		Amount <b>14.70</b>	
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	Transaction ID : <b>8d296b0a-0665-47dd-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Elizabeth Allison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>157 Bishop Drive</b>		Amount <b>25.00</b>	
City <b>Avondale</b>	State <b>LA</b>	Zip Code <b>70094</b>	Transaction ID : <b>33a17a43-2745-4364-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>39.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 09 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 14 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Laura Rose Porter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>227 Fairgrounds Road</b>		Amount <b>25.00</b>	
City <b>Natchitoches</b>	State <b>LA</b>	Zip Code <b>71457</b>	Transaction ID : <b>7282ae9f-7625-4bd6-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laura Rose Porter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>227 Fairgrounds Road</b>		Amount <b>3.60</b>	
City <b>Natchitoches</b>	State <b>LA</b>	Zip Code <b>71457</b>	Transaction ID : <b>210b5730-4143-475c-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>111309.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>28.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 09 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 17  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Mailing Address 1103 West Wilson Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>		
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : e1c1b66f-4174-4fea-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">111309.30</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Mailing Address 1103 West Wilson Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div>		
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : ca057059-d157-474c-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">111309.30</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">102.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 16 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>	
Mailing Address 111 Westchester Blvd Apt D4		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City State Zip Code Slidell LA 70458	Transaction ID : <b>bbc13941-fba6-44fa-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

111309.30

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>	
Mailing Address 915 E Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.50</div>	
City State Zip Code Searcy AR 72149	Transaction ID : <b>d6a38eae-0d81-4b56-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

81164.65

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">112.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 17 OF 17  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>	
Mailing Address 915 E Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41.70</div>	
City Searcy	State AR	Zip Code 72149	<b>Transaction ID : c48cb659-a2fa-43dc-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">81164.65</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">41.70</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1386.50</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2014

Signature